

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCC COPY

SUBMIT IN TRIPL
(Other instructions
reverse side)

E*
To

copy to SF
Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR HNG Oil Company SEP 20 1977

3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, Texas 79702 G. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 660' FNL
2-12-77

14. PERMIT NO. Approved 3-25-77

15. ELEVATIONS (Show whether DF, RI, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
NM-9551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
El Paso Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T-245, R27E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Plug Back Operations</u>			<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

9-12-77 PBTD 9156'. Spat plug #1 w/75 sx Class "H" s/1% CFR-2; Ran Drill BP to 9400'; Ran sting into BP; Cntd w/25 sx Class "H" w/1% CFR-2 below BP & 50 sx same above BP; Top of plug 9156'.

RECEIVED
SEP 14 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

Ouida Roach Ouida Roach

TITLE Production Clerk

DATE 9/13/77

(This space for Federal or State office use)

APPROVED BY See J. Lora

CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT ENGINEER

DATE SEP 19 1977